

**INSTRUCTIONS  
COMPLAINANT AUTHORIZATION FORM**

**A. WRITTEN CONSENT**

- 1. The name of the regional ombudsman and/or community advisory committee member(s) who will be involved in the complaint resolution process must appear on the form.**
- 2. The form must be signed and dated by the complainant unless the complaint was file anonymously.**
- 3. The completed form is to be attached to the Case Record on the complaint and kept in the regional ombudsman's confidential files.**

**B. ORAL CONSENT**

- 1. The name of the complainant who gives oral consent for the regional ombudsman or community advisory committee member to disclose his/her name identity for the purpose of complaint investigation must appear on the form as well as the date the oral consent was obtained.**
- 2. The signature of the regional ombudsman or community advisory committee member who obtained oral consent must appear on the form along with the date the form was signed.**
- 3. The signed form shall be attached to the Case Record and kept in the regional ombudsman's confidential files.**

## COMPLAINANT AUTHORIZATION FORM

### A. Written Consent

\_\_\_\_\_ has my  
Name Title

permission to discuss with individuals deemed appropriate the complaint I have  
filed as well as my name.

\_\_\_\_\_ yes \_\_\_\_\_ no

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

OR

### B. Oral Consent

TO WHOM IT MAY CONCERN:

I have obtained the oral consent of:

\_\_\_\_\_  
Complainant

to disclose his/her identity for the purpose of complaint investigation.

Such consent was obtained by me on \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Regional Ombudsman

or

\_\_\_\_\_  
Community Advisory Committee Member

\_\_\_\_\_  
Date

(NOTE: If the complainant and resident are not the same individual, the consent of each is required).